

Exhibit X



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OCCUPATIONAL LUNG DISEASE EVALUATION

February 27, 2003

Jones, Willie James

McMc/TYL/LH

DOB: [REDACTED]

Tyler, TX 75701

HISTORY: This is a 62 year old Janitor with occupational history as follows: He graduated high school in 1969. From 1967-1975 he worked in a foundry as a pipe grinder. He wore a paper foam mask. He is not sure about asbestos exposure at this location. He did have heavy sand exposure from sand molds from which the pipes were extracted. From 1976-1978 he wired air conditioners in a factory. From 1978-1982 he worked in an oil refinery as a roustabout and welder's helper. He did grinding for welders. He mudded pipes for oil drilling. He had daily exposure to dust from sandblasters without respiratory protection. From 1983-1986 he worked for a road and bridge company handling wood that had been treated with creosote. Since 1987 he has worked as a Janitor cleaning offices at night. He has smoked one package of cigarettes weekly for the past 45 years (approximately seven pack-years). His mother died of a stroke at the age of 84. His father died of a heart attack at the age of 55. The patient himself has a past medical history limited to a left elbow prosthesis placed in 1989, after a fracture. On general systems review the patient reports chest pain that is caused from walking up stairs and also from non-exertional causes. This is helped by Aleve. He occasionally has exertional leg cramps. He has mild orthopnea. For the past three months, he has had a dry cough. He wheezes frequently. For the past three years, he has had dyspnea with exertion, which occurs after walking two blocks briskly or climbing more than one flight of stairs.

PHYSICAL EXAM: This is an African-American man in no respiratory distress at rest. H: 68"; W: 210#; Pulse: 92 and regular; B/P: 194/96; Respirations: 18 per minute and unlabored. Head and neck: No adenopathy or jugular venous distention. Chest: Symmetric expansion. No obvious chest wall deformities. Lungs: Normal palpation and percussion. Clear to auscultation anteriorly and posteriorly to the bases. No rales, wheezes or rhonchi are heard. Heart: Regular rhythm, without murmurs, clicks, rubs, or gallops. Extremities: No clubbing, cyanosis, or edema.

CHEST X-RAY: PA and lateral views of the chest dated February 27, 2003 are reviewed for the presence of and classification of pneumoconiosis according to the ILO (1980) classification. Film quality is grade 1. There is a diffuse nodular interstitial pattern consisting of small, rounded opacities of size and shape P/Q, ILO profusion 1/0 in the upper and mid lung zones bilaterally. Examination of the pleural surfaces demonstrates no pleural plaques, pleural thickening, or pleural calcifications. No parenchymal infiltrates, effusions, nodules, or masses are present. The trachea is midline. The heart size is normal. The mediastinal structures are unremarkable. The costophrenic angles are sharp. There are no other significant intrathoracic findings. Compared to an earlier film dated 03/14/02, there has been no interval change, especially after allowing for the fact that the older film was overexposed.

PULMONARY FUNCTION TESTING: Performed in Tyler, TX on February 27, 2003 using Crapo/Hsu predicted values. Forced vital capacity (FVC) is 3.93 liters (L), or 89% predicted (pred.). FEV1 is 2.87 L (83% pred.). FEV1/FVC ratio is 73%. FEF 25%-75% is 1.97 L/sec. (59% pred.). Slow vital capacity is 3.93 L (89% pred.). TLC is 6.05 L (81% pred.). DICO is 82% pred., based on an IVC of 3.61 L. Inspection of the volume-time curves, flow-volume loops and diffusion graphs reveals good performance and reproducibility during those portions of the test. These pulmonary function tests, after race correction, are within normal limits, with the exception of mild small airway obstruction.

022703.MC/cal

Jones, Willie James
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DIAGNOSIS/IMPRESSION: 128488788

1. Pulmonary silicosis (mild chronic simple silicosis), based on the appearance of the chest x-ray and the exposure history. This condition is causing no measurable physiologic impairment at this time.
2. No radiographic evidence for pulmonary asbestosis.
3. Elevated blood pressure in a subject with no prior history of hypertension. Routine clinical follow-up is advised.
4. History of atypical chest pain. Further clinical evaluation is suggested, in order to rule out the possibility of ischemic heart disease.

PROGNOSIS/RECOMMENDATION: Due to the long latency period between exposure to silica and the onset of clinically significant silica-related disease, the patient is at increased risk for the development of bronchogenic carcinoma, tuberculosis, and certain other conditions, as well as for deterioration in lung function, even in the absence of additional silica dust exposure. Since these conditions may occur many years after exposure has terminated, close clinical follow-up, annual pulmonary re-evaluation, and immediate smoking cessation are strongly recommended.


Jay T. Sodatra, M.D.

1. Health Effects of Occupational Exposure to Respirable Crystalline Silica, National Institute for Occupational Safety and Health, Publication No. 2002-128, April 2002
2. Silica and Silica Induced Lung Diseases, Castranova V, Vallyathan V, Wallace W, CRC Press 1998 Boca Raton, FL
3. Morgan, WKC and GEF, JBL "Asbestos-Related Diseases" in Occupational Lung Diseases, Morgan and Seaton, ed., Third Edition, W. B. Saunders, Philadelphia 1995.
4. Goldsmith D, "Silica Exposure and Pulmonary Cancer" in Epidemiology of Lung Cancer, ed. Sammett J, Marcel M. Decker, 1994.
5. McCloud T C, Guest Ed., Occupational Lung Disease, The Radiologic Clinics of North America, Vol 30, No 6, Nov 1992.
6. Epler O R, Guest Ed., Occupational Lung Diseases, Clinics in Chest Medicine, Vol 13, No 2, June 1992.
7. "Asbestos-related Disorders" in Occupational Lung Disorders, W. Raymond Parkes, ed.; Third Edition; Butterworth-Heinemann Ltd., London 1994.
8. Occupational and Environmental Respiratory Disease, Harbor Schenker & Balm, 1998.
9. Recommendations For Control Of Occupational Safety and Health Hazards... Foundries, National Institute for Occupational Safety and Health, Division of Standards Development and Technology Transfer, Publication No. 85-116, September 1985

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WORKER'S Social Security Number

Jones Willie James

TYPE OF READING

A ☒ P

FACILITY IDENTIFICATION

meme
TYC/LH

1A. DATE OF X-RAY 02/24/03		1B. FILM QUALITY <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		1C. IS FILM COMPLETELY NEGATIVE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input checked="" type="checkbox"/> COMPLETE 2B and 2C NO <input type="checkbox"/> PROCEED TO SECTION 3					
2B. SMALL OPACITIES a. SHAPE/SIZE PRIMARY: <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 SECONDARY: <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 b. ZONES R L c. PROFUSION 0/- 0/0 0/1 NO 1/1 1/2 2/1 2/2 2/3 3/2 3/3 3+		2C. LARGE OPACITIES SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C PROCEED TO SECTION 3			
3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input type="checkbox"/> COMPLETE 3B, 3C and 3D NO <input checked="" type="checkbox"/> PROCEED TO SECTION 4					
3B. PLEURAL THICKENING a. DIAPHRAGM (plegus) SITE: <input type="checkbox"/> R <input type="checkbox"/> L b. COSTOPHRAGMIC ANGLE SITE: <input type="checkbox"/> R <input type="checkbox"/> L		3B. PLEURAL THICKENING... Chest Wall a. CIRCUMSCRIBED (nodule) SITE: <input type="checkbox"/> R <input type="checkbox"/> L IN PROFILE: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 EXTENT: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 FACE ON: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 b. DIFFUSE SITE: <input type="checkbox"/> R <input type="checkbox"/> L IN PROFILE: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 EXTENT: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 FACE ON: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			
3D. PLEURAL CALCIFICATION SITE: <input type="checkbox"/> R <input type="checkbox"/> L a. DIAPHRAGM b. WALL c. OTHER SITES		3D. PLEURAL CALCIFICATION SITE: <input type="checkbox"/> R <input type="checkbox"/> L a. DIAPHRAGM b. WALL c. OTHER SITES PROCEED TO SECTION 4			
4A. ANY OTHER ABNORMALITIES? YES <input type="checkbox"/> COMPLETE 4B and 4C NO <input checked="" type="checkbox"/> PROCEED TO SECTION 5					
4B. OTHER SYMBOLS (OBLIGATORY) Report items which may be of present clinical significance in this section OO (SPECIFY ad) Date Personal Physician notified? MONTH DAY YR					
4C. OTHER COMMENTS					
SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PROCEED TO SECTION 5			

5. FILM READER'S INITIALS

JTS

DATE OF READING

02/24/03

HOLLAND BIEBER & ASSOCIATES, INC.

Patient: Jones, Willie

SS#: [REDACTED]

Age: 62 Height(in): 68 Weight(lb): 210

Gender: Male

Race: Black

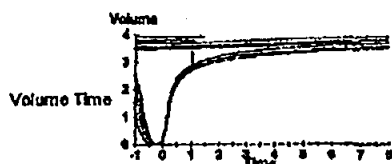
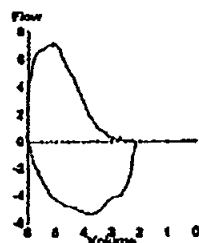
Date: 02/27/03

Physician: DR. SEGARRA

Technician: LE, RRT, CPFT

Pulmonary Function Analysis

F V Loop

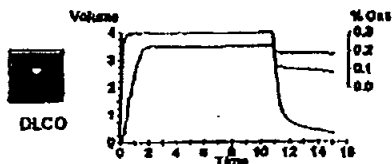
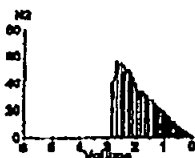
**Spirometry**

		Ref	Pre Meas	Pre % Ref
FVC	Liters	4.40	3.93	89
FEV1	Liters	3.48	2.67	83
FEV1/FVC	%	79	73	
FEF25-75%	L/sec	3.31	1.97	59
FEF50%	L/sec		3.55	
PEF	L/sec		7.94	

Lung Volumes

VC	Liters	4.40	3.93	89
IC	Liters	2.91	2.91	100
ERV	Liters	1.45	0.71	49
FRC N2	Liters	3.43	2.83	82
RV	Liters	2.18	2.12	97
TLC	Liters	6.62	6.05	91
RV/TLC	%	33	35	

N2 Wash

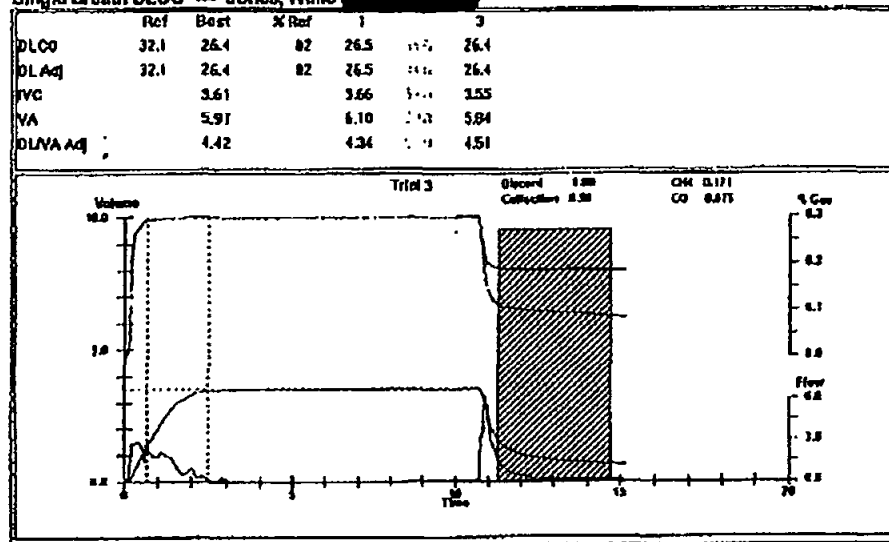
**Diffusion**

DLCO	mL/mmHg/min	32.1	26.4	82
VA	Liters		5.97	
DLCOVA	mL/mmHg/min/L	4.97	4.42	89
IVC	Liters		3.61	

Comments:
Fair effort by patient

Any info: McCurdy & McCurdy
City: Tyler, TX

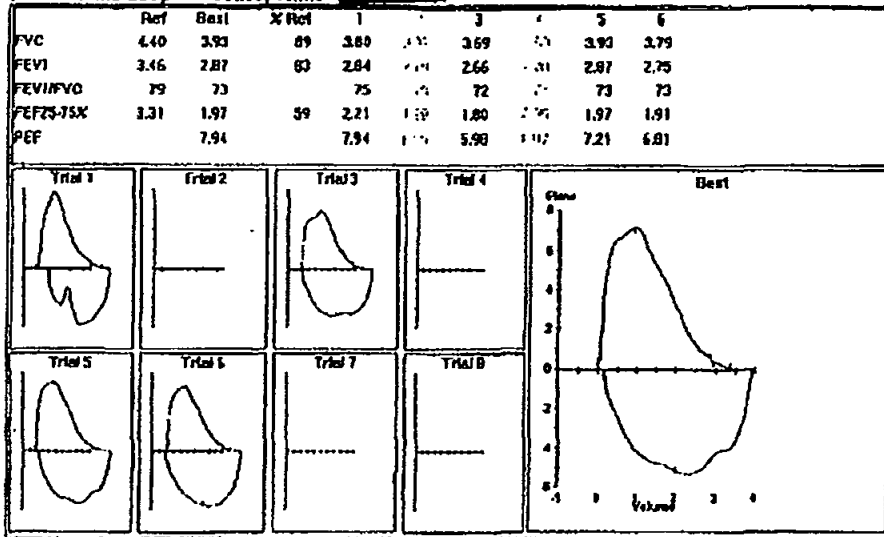
PF Reference: Crapo/Hau



HOLLAND BIEBER & ASSOCIATES, INC.

Date: 02/27/03 McCurdy&McCurdy Pro

Flow Volume Loop — Jones, Willie - [REDACTED]



HOLLAND BIEBER & ASSOCIATES, INC.

Date: 02/27/03 McCurdy&McCurdy Pre

Single Breath DLCO — Jones, Willie

	Ref	Best	% Ref	1	2	3
DLCO	32.1	26.4	82	26.5	26.4	26.4
DLA _{adj}	32.1	26.4	82	26.5	26.4	26.4
VC		3.61		3.66	3.55	3.55
VA		5.97		6.10	5.94	5.94
DLVA _{adj}		4.42		4.34	4.51	4.51

